PATENT APPLICATION FEE DETERMINATION	
DATERI ADDITATION SEE DELEDMINATION	
CAILINI AFFEIGANON FLE DETERMINATION	HECCHO

Effective October 1, 2003

Application or Docket Number

10764530

-												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER	R THAN ENTITY
TOTAL CLAIMS			1.7			·]. [RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS 7 minus 20= * \$\phi\$] . [X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 3 = * \$\phi\$						∌		X43=	1	OR	V0C	
MULTIPLE DEPENDENT CLAIM PRESENT								.145	 	1		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	+145=		OR		:7.20 m
	CLAIMS AS AMENDED - PART II							TOTAL	L	JOR	TOTAL	.7 <i>70.</i> ™ THAN
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	***	2 P.L.	= .		·X\$ 9=·		OR	X\$18=	1 12 .
AME	Independent	*	Minus _	***	<u> </u>	=		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							+145=		OR	+290=	
						. L	TOTAL		$\frac{1}{2}$	TOTAL	<u> </u>	
(Column 1) (Column 2) (Column 3)								DDIT. FEE	·		ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMBI PREVIOL PAID F	ST ER JSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	- [RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		Ξ		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus [.]	***		=		X43=		OR	X86=	
لــــ	FIRST PRESE	ENTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		-	+145=		OR	+290=	
							ا	TOTAL ODIT. FEE		OR A	TOTAL ODIT. FEE	
		(Column 1)		(Column	1 2)	(Column 3)	, , ,					
		CLAIMS REMAINING ÄFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA			ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	/ *		=		X\$ 9=		OR	X\$18=	
Ē. L	Independent	[]	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·145=			+290=	
· (f)	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"									OR L	TOTAL	
**11	the "Highest Nur	nber Previously Pai	d For" IN THIS	SPACE is te	ss than	3, enter "3."		TOTAL DIT, FEE			DOIT. FEE	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."/ The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												1